

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ActBlue**

Full Name (Last, First, Middle Initial)

**A. TERESA MAGARAM**

Mailing Address 3230 80TH AVE. SE #3

City	State	Zip Code
MERCER ISLAND	WA	98040

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2015

**Transaction ID : SB28A\_25045998**

Amount of Each Disbursement this Period

1.00
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Refund of contribution, initially earmarked for ACTBLUE (C00401224)

Full Name (Last, First, Middle Initial)

**B. TERESA MAGARAM**

Mailing Address 3230 80TH AVE. SE #3

City	State	Zip Code
MERCER ISLAND	WA	98040

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2015

**Transaction ID : SB28A\_24671843**

Amount of Each Disbursement this Period

18.00
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Refund of contribution, initially earmarked for DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE (C000009)

Full Name (Last, First, Middle Initial)

**C. ROBERTA MAGUIRE**

Mailing Address 10142 W DESERT HILLS DRIVE

City	State	Zip Code
SUN CITY	AZ	85351

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2015

**Transaction ID : SB28A\_24414708**

Amount of Each Disbursement this Period

15.00
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Refund of contribution, initially earmarked for DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE (C000009)

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

34.00
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